



Sandy Police Department

Alarm Permit Application

Please print or type (Large & Legibly)

Business Name or Resident: Last Name First Name Middle Init.

Address of Alarm Location: (include coordinates) Unit# Zip Code

Mailing Address (if different from alarm location)

Residential Phone # Business Phone #

If a business - name of owner (individual responsible for payment of alarm fees)

Alarm installer / Service Representative (Company) Address Phone#

Monitoring Company Address Phone #

Responsible Alarm Contacts

#1

Last Name First Name Phone # 1 Phone # 2

#2

Last Name First Name Phone # 1 Phone # 2

#3

Last Name First Name Phone # 1 Phone # 2

List above the responsible persons who can respond to the alarm after notification and are knowledgeable in the basic operation of the alarm system, and are authorized and able to gain entry and secure the premise if required.

I have read the completed application and represent the same to be true and correct. I hereby agree, that if a permit is issued, I will comply with all the provisions of the city ordinance and applicable state laws. I accept responsibility for all fees or fines that may result from the operation of the alarm system serving the above premises.

Date: Signature of permit holder

If you have any question concerning the application, please contact the Sandy City Police Department alarm coordinators office at 568-7179. You may mail the completed application to: Sandy Police Department, Alarm Coordinators Office, 10000 Centennial Parkway, Sandy, Utah 84070. Or fax it to 568-7190